

Veterans' Reactions to Release of American Hostages

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Soon after the return of the hostages from Iran, the staff of the Mental Health Clinic of the Veterans Administration Outpatient Clinic, Santa Barbara, California, began noting an unusual association between veterans' feelings and the attention given the returning hostages. Of 100 veterans referred at random for diagnosis and treatment, not one had positive feelings about the reception given the returning hostages; 34 viewed the festivities and proclamations of welcome as excessive and unfair, and 12 expressed violent feelings toward the hostages, media people or members of the government. Of these 100 veterans, 52 expressed anxiety and excessive irritability, 41 were having psychic symptoms of depression and 38 reported sexual disturbances. This unusual form of stress had activated long-dormant feelings in veterans of four different wars and several generations.

The numerous celebrations following the triumphant return early in 1981 of the 52 hostages from Iran generally had a positive effect on the American people as a whole. Various elements of society spoke of a renewed feeling of patriotism accompanied by a feeling of "pulling together" not felt since World War II; others, of the reestablishment of world pride, to call to mind but a few such expressions of *esprit de corps*.

This instance of a major political event on the international scene that has touched us all in one way or another appears to have had a significant specificity to the feelings of a random group of veterans. Rather soon after the celebrated return of the hostages, the Mental Health staff of the Veterans Administration Outpatient Clinic, Santa Barbara (California), observed a new phenomenon. To be sure, some veterans were experiencing a regression of previously resolved or inactive symptoms, but others—representing both new and previously seen veterans at the clinic—were experiencing a heretofore unknown syndrome. These veterans cited negative feelings toward the hostages themselves, the federal government, the media and certain media people and the nonveteran public at large. Their expressed feelings ranged from mild rebukes to some quite violent tendencies.

During intake procedures and regular psychotherapy interviews, a number of veterans expressed their feelings spontaneously, while others needed some prodding

to voice their emotions. It was decided to structure two questions into those otherwise unstructured interview and therapy sessions in which mention of the hostages was not volunteered. From February 12, 1981, on, we asked the following two questions:

- *How did you feel about the release of the hostages from Iran?*
- *How did you feel about the reception given the hostages on their return to the United States?*

Of the first 100 veterans (Table 1) asked these questions, not one had "highly positive" responses to the reception given the returning hostages; 34 viewed the festivities and proclamations of welcome home as excessive and unfair (Table 2), whereas 12 others (Table 3) gave vent to their feelings with rather violent expressions. The remaining 54 veterans (Table 2) had varied responses to this question, ranging from slightly negative to mildly positive. None of the veterans were negative in their responses to the first question regarding the release of the hostages. This did, however, reawaken old rescue fantasies in all six of the previous prisoners of war (POW's) in the sample who felt that their experiences were, in general, more traumatic and terrifying than those of the Iranian hostages.

Table 2 indicates that seven of group I (most hostile reactions) had no or few neurotic symptoms. A conclusion that may be drawn from the findings perhaps

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TABLE 1.—Major Characteristics of 100 Nonpsychotic Veterans Interviewed at Veterans Administration Mental Health Outpatient Clinic Early in 1981

	No. of Veterans
Prisoner-of-war camp stress	6
Own repatriation stress (military)	12
Delayed-stress syndrome	13
Active combat	22
Domestic problems, flare-up	30
Unsuitable civilian work	12
Sexual disturbances	38
Psychic symptoms of depression	41
Complaints of memory loss	14
Anxiety and excessive irritability	52
Receiving service-connected compensation*	37

*Service-Connected Compensation is a benefit paid to wartime or peacetime veterans. It is intended to compensate for wartime or peacetime disabilities caused by injury or disease incident to line of duty service terminating under other than dishonorable conditions.

TABLE 2.—Degree of Neurosis of Veterans Who Expressed Violent Feelings (Group I), Those Who Viewed Welcome-Home Celebrations as Excessive (Group II) and Those Who Had Milder Reactions (Group III)

	Group I (N=12)	Group II (N=34)	Group III (N=54)	
	No. (percent)	No. (percent)	No. (percent)	
No or mildly neurotic symptoms . . .	7 (58.3)	20 (58.8)	21 (38.9)	48
Moderately neurotic	3 (25.0)	10 (29.4)	12 (22.2)	25
Severely neurotic	2 (16.7)	4 (11.8)	21 (38.9)	27
TOTAL	12 (100.0)	34 (100.0)	54 (100.0)	100

is that the level of neuroticism is not an indicator of intensity of an angry response. Three of the six POW's in the sample are included in group I, the other three in group II. It would appear that the POW experience lends itself to verbal expression of anger.

A comparison of Tables 1 and 2 shows no significant correlates between the level of neuroticism (mild, moderate or severe) and the statement response to the second question. In other words, there was no way of determining which group a particular veteran would fall into.

The bestowing of medals on the hostages was seen as particularly inappropriate by three veterans, all medal recipients, whose case studies are described at some length as follows:

Reports of Cases

CASE 1. The veteran in case 1 is a 66-year-old registered nurse still active in her profession. She is a slim, blond, very intelligent veteran of World War II who was a prisoner of war of the Japanese for 1,003 days in Mindanao and Manila, the Philippines. Although this woman had suffered from a number of organic illnesses and some excessive nervous tension since her discharge from active duty in 1947, she had not sought care for emotional problems in recent years. The release of the

hostages, however, coincided with a return of many angry and aggressive feelings she had not experienced since her prisoner-of-war days. Her main conscious objection to the repatriation benefits awarded the former hostages was in the financial realm (Table 3). Whereas she had received but \$1 a day extra pay for each of the 1,003 days endured as a POW, she felt this was scant compensation compared with the repatriation benefits awarded the former hostages. A resurgence of old feelings and hatreds also occurred. She once again objected to the general lack of recognition given US Army nurses for the courageous manner in which they handled themselves as POW's. This was followed by a comparison of the suffering and maltreatment endured at the hands of her Japanese captors vis à vis that of the treatment given the hostages by the Iranians.

While this veteran did have other concurrent stress factors in her life, her major symptomatology appeared to be linked to her ever-increasing negative and hateful feelings toward the hostages. During therapy she became increasingly depressed and did not make much progress until the headlines involving the returning hostages began to subside.

CASE 2. In this case, the veteran is a 50-year-old Mexican-American man who receives a nonservice-connected Veterans Administration pension and who had received six bronze stars for his heroic actions during the Korean conflict. Although he had not been gainfully employed since 1974 due to a low-back pain syndrome of questionable origin, he had never before visited our clinic for any medical needs. His chief symptom was the onset of dizziness immediately after learning that the returning hostages had received the Medal of Valor from the US State Department. He became suicidal soon thereafter, threatening to commit hara-kiri and being extremely vocal about the pain and enjoyment he would feel cutting into his abdomen and guts. Analysis showed that this patient harbored death wishes against the hostages and State Department personnel, which he could not tolerate, and later turned these wishes against himself in the form of mutilatory suicidal ideation. Within a very short time these symptoms dissipated when he became consciously aware of his negative feelings toward the hostages and the representative of the State Department extending the Medal of Valor to them (Table 1). He began to dream of some of his buddies who died in the Korean conflict and began to cry openly. This was not easy for him to do, as his personality was rather fixed to the macho image of the 1950s and that of Chicanos. Once his affectual life became more flexible, his depression lifted and to some extent his low-back pain syndrome resolved. Evidence for the latter was seen in the patient's return to playing golf (which he had once been very good at, but had not played since 1974). At the last visit he was talking of returning to work as a plumber, though he had not shown any specific action that would validate this intent.

CASE 3. The patient is a 31-year-old former heli-

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TABLE 3.—*Profile and Reactions of 12 Veterans Who Expressed Violent Feelings Towards Hostages' Welcome Home Celebrations*

Case	Age, Sex	Duty Period	Type of Military Assignment	Civilian Job	Hostage Fantasy	Attitude Toward Bestowing of Medals
1	66 ♀ ..	WW II	US Army nurse—POW	Registered nurse	"Did not deserve extra pay; we suffered more."	"Did not deserve Medal of Valor. Other medal OK."
2	50 ♂ ..	Korean conflict	Infantry duty	Airplane hydraulics technician	"Blow up the whole of Iran with hostages in it."	"Does this mean my medals are unworthy?"
3	31 ♂ ..	Vietnam war	Helicopter door gunner	Sheet metal worker	"Blow the hostages away."	Very negative.
4	83 ♂ ..	WW I and WW II	Combat infantry duty—artistic talents used for propaganda purposes	Portrait painter	Drew picture representing death of hostages	Negative
5	81 ♂ ..	WW I	Quartermaster corps	Retired salesman	Verbal abuse against hostages	Negative
6	73 ♀ ..	WW II	Secretary on staff of US Army general	Retired social worker	"Celebrations were overdone."	"Should not receive any medals."
7	68 ♂ ..	WW II	Army Air Forces navigator	Retired politician	"There's politics here, but there shouldn't be."	"Didn't do anything to deserve a medal."
8	70 ♂ ..	WW II	Paratrooper—POW	Retired railroad brakeman	"Weren't really POW's; our suffering was greater."	Negative.
9	74 ♀ ..	WW II	Secretarial staff, US Army	Retired secretary	"If they had been maltreated, but they weren't."	"Did not deserve a medal."
10	71 ♀ ..	WW II	US Army nurse—POW	Retired registered nurse	"They were not true POW's; we suffered more."	"They deserve some recognition."
11	52 ♂ ..	Korean conflict	Infantry duty	Realtor	"Shoot the guy who gave them Medal of Valor."	Very negative.
12	30 ♂ ..	Vietnam war	Search and destroy unit US Army	Unemployed	"Chop up the media people."	Negative.

copter door gunner, who is presently employed as a metal worker. His reason for coming to the clinic was expressed as follows: "I feel a lot of hostility. I'm really angry that the hostages from Iran got so much more attention when they returned." Later in the interview, he related very violent thoughts (Table 3) and asked for help in dealing with these fantasies.

He was placed in an outreach group of Vietnam combat veterans and also given individual psychotherapy to resolve these and other issues that were practically paralyzing his functional abilities.

This particular veteran had attended a military academy from the seventh to ninth grades as a youngster, but during his adult military career always felt this was something that should be kept hidden from his buddies. Careful history taking found that he actually did better in military school than public school and he felt ashamed of this both at home as a child and later as an adult. Working through this material became for him the start of a growth experience and in a very short time he sublimated many of his aggressive feelings into productive areas of life and positive goal commitments.

Discussion

Of the 100 cases in the sample, none of the veterans expressed negative feelings about the actual release of

the hostages. There appeared to be no significant correlation between the intensity of the response and service connection or service history. This held true even for the POW's whose own escape fantasies were restimulated. Only three POW's were classified in the group of 12 veterans who had intense responses. Age, education and civilian occupation were not seen as reference points for the veterans' emotional responses.

Whereas it is well known that there is often a long latency period between war stress and the appearance of later syndromes, such as the posttraumatic stress disorder, it is less evident as to what types of stresses can reactivate these patterns once they have become quiescent.

Characteristically, there is a definite linkage between psychotraumas of war and the reactivation of individual symptom complexes.¹ What appears to have been generated by the hostage release is a precipitation factor that crossed intergenerational lines and four different war eras and was not related to type of military assignment or civilian job. This phenomenon occurred in civilian life but affected veterans with a degree of psychotrauma similar to a war stress.

REFERENCE

1. Diagnostic and Statistical Manual of Mental Disorders, 3rd Ed. Washington, DC, American Psychiatric Association, 1980, p 236